

DOCUMENT RESUME

ED 407 616

CG 027 658

AUTHOR Metzler, Birgit
TITLE Strategies against Drugs.
REPORT NO ISSN-0171-8738
PUB DATE Nov 96
NOTE 16p.
PUB TYPE Collected Works - Serials (022) -- Information Analyses (070)
JOURNAL CIT Basis-Info; n25 1996
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Children; *Drug Abuse; Drug Addiction; *Drug Rehabilitation; Drug Use; Early Intervention; Foreign Countries; *Illegal Drug Use; Preschool Education; *Prevention; Self Esteem
IDENTIFIERS *Drug Policy; *Germany

ABSTRACT

The main private organization in Germany dedicated to combatting drug addiction--the DHS and the Federal Health Information Agency (BzGA) jointly estimate the number of persons addicted to "illegal" drugs in Germany at around 200,000. Yet, people may grow up immune to drug addiction if they acquire a stable basis for self-confidence and self-awareness in childhood. Ways to teach children to solve everyday problems and increase their self-confidence are explored. Highest priority should be given to primary prevention (pre-emptive action to avoid addiction) and should be emphasized during the pre-school years, as part of drug policy in Germany's most populous federal state, North Rhine Westphalia (NRW). A key role in drug use prevention is played by kindergarten staff, school teachers, social pedagogues active in youth organizations and supervisors in apprentice-training companies or centers. Various programs and resources can educate young children and help them recognize the risks associated with addiction. If primary prevention efforts do not work, then secondary prevention, such as withdrawal, therapy, substitution, or learning to live with drugs, are recommended. Specifics of illegal drug use in Germany are presented, along with statistics of first-time "hard" drug users from 1993-1995. Methods of prosecution and justice are also explored, as are efforts at international cooperation in stemming the drug trade. It is important to educate potential consumers and victims of drugs on the consequences of drug use. (RJM)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *



INTER NATIONES

ED 407 616

BASIS-INFO 25 - 1996

IN-PRESS

Social Policy

Strategies Against Drugs

by

Birgit Metzler

PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

K. STAHL

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ☐ This document has been reproduced as received from the person or organization originating it.
- ☐ Minor changes have been made to improve reproduction quality.

* Points of view or opinions stated in this document do not necessarily represent official OEI position or policy.



BEST COPY AVAILABLE

Code No. 760 Q 7416

Inter Nations
Kennedyallee 91-103
D-53175 Bonn
Telefon: 02 28 / 88 00
Telefax: 8 969 904 und
Telefax: 88 04 57

Veröffentlichung frei - 2
Belege erhalten.
Free of charge -
reprints requested.

Publication libre -
Prêt de tous les
exemplaires justifiés.
Publication libre -
se agradecen comprobantes.

CG027658

Contents

Page

The Road to Addiction and Dependence	1
Primary Prevention Begins at Pre-School Age	2
Secondary Prevention - withdrawal, therapy, substitution or simply learning to live with drugs	4
Illegal Drugs in Germany	8
Prosecution and Justice	9
International Cooperation	11
Prevention by Enlightenment	12
Do You Wish to Know More?	13

The Authoress:

Birgit Metzler is a freelance journalist in Bonn, reporting on current affairs for the printed press and radio.

IN-Information for Guests

Editor: Klaus Stahl

English: George McLaren-Thomson

ISSN 0171-8738

November 1996

The Road to Addiction and Dependence

The main private organisation in Germany dedicated to combatting drug addiction - the DHS - and the Federal Health Information Agency (BzGA) jointly estimate the number of persons addicted to "illegal" drugs in this country at around 200,000. But a great many more are victims of some form of addiction. It's believed there are 2.5 million alcoholics and another 1.2 million persons dependent on various types of medication. The DHS says that, of the estimated 18 million smokers, about one third describe themselves as nicotine addicts.

Not only the substances officially forbidden under the Narcotics Act are drugs. All substances that can create physical and mental dependence - alcohol and nicotine are examples - are considered as drugs. These legal drugs, too, affect the central nervous system (brain and spinal cord), causing changes in awareness and mood. Drugs affect consciousness, emotions, actions and motivating energies.

Scientists say there is no record in history of a totally abstinent society. But the use of drugs has always been subject to some form of regulation. In strict Islamic societies, alcohol is banned, but the consumption of cannabis products is permitted.

Problems arising from dependence on socially tolerated drugs must not be ignored. The DHS estimates that the costs incurred in Germany annually through lost working hours, accidents at work and medical treatment resulting from alcohol abuse run to between 50 and 80 billion DM. Every year, about 40,000 people die in Germany as a consequence of excessive alcohol consumption.

At the same time, as legal addictive "drugs", alcohol and nicotine represent a significant economic factor in every country around the world. Prior to German reunification, citizens of the then Federal Republic (West Germany) spent some 60 billion DM per year on wine, beer, spirits and cigarettes, one third of which flowed into the State coffers as taxation.

It is still not clearly understood what causes addiction, particularly when considered that drugs can satisfy craving for a whole variety of sensations. They can cause pleasant hallucinations, alleviate pain, induce sleep, eliminate inhibitions, stimulate a sense of elation or euphoria and make their users gregarious. The borderline between use and abuse is hard to define. But

addiction is always present in a person admitting dependence on a particular drug, be it through fear of adverse physical withdrawal symptoms (as in the cases of alcohol, nicotine or heroin) or when the drug is regarded as a problem-solver without which life would appear unbearable.

In one form or another, all drugs exert influence on the "reward" centre in the human brain. Of course, this effect is also produced by endogenous substances produced by the body itself. These are so-called "endorphins", which are similar in chemical composition to opiates. Natural endorphins are produced by the body, for example, as a reaction to experiencing success or a feeling of warmth, affection and security.

People undergoing major changes in their lives are particularly susceptible to drug use, as in the case of youngsters undergoing transition from childhood to adolescence and confronted with difficulties before their personality structures have attained permanency.

It is generally believed that only people who have acquired in childhood a stable basis for self-confidence and self-awareness are immune to drug addiction. This is reflected in a BZgA slogan translated as: "Make children strong - too strong for drugs". A three-part series of brochures for parents, issued by the BZgA, not only provides information about addiction aid facilities and treatment but also seeks to arouse understanding for the special psychological situation of youngsters. The brochures also contain advice on types of education designed to enable children to solve everyday problems and tasks themselves while still under the protective umbrella of their parents.

Primary prevention begins at pre-school age

High priority is given to primary prevention - i.e. pre-emptive action to avoid addiction - as part of drug policy in Germany's most populous federal state, North Rhine Westphalia (NRW). This has an underlying conviction that drug abuse can be prevented if children feel protected and appreciated in their environment while simultaneously being encouraged and helped toward independence. A key role in this is played by parents, but also other persons in the proximity, such as kindergarten staff, school teachers, social pedagogues active in youth organisations and supervisors in apprentice-training companies or centres. This is the belief of the NRW regional association for the prevention of addiction (Landesarbeitsgemeinschaft

Suchtvorbeugung NRW) , which combines the services of experts from the churches, welfare organisations and public authorities.

The NRW authorities help to disseminate the necessary knowledge by sponsoring special centres for the prevention of addiction, based with local drug advice centres run privately or by the churches. Usually, they are staffed by specially trained experts. They offer advice in acute cases not only to adolescents classified as being at risk but also to parents, teachers and youth workers and cooperate with youth welfare authorities, the police and schools. Furthermore, the addiction specialists run advanced training courses and campaigns such as anti-drug theatre and festivities at which drugs are taboo. They document their activities and experiences so that other youth workers and pedagogues can profit from them.

A considerable impact was made in kindergartens in North Rhine Westphalia by a picture book produced by addiction prevention experts at Mulheim on the Ruhr. The tale of a little girl makes it clear even to children aged between three and six years that those who eat too many sweet things can become sick and unhappy. The message is underlined at a gathering of children, parents and educators after the story has been told to the toddlers in kindergarten.

About 20 male and female pupils at a comprehensive secondary school in the Westphalian town of Merl were taken to see a satirical "rock" revue making fun of addiction occurring in everyday life. It made the youngsters think about their own attitudes to drug abuse and other addictions.

School pupils are further encouraged to be creative and think for themselves in a selection of informative educational material provided by the BZgA and dealing with typical problems in puberty. The idea is for them to work out their own solutions with the support of teaching staff.

The permanent conference of state education ministers issued recommendations on "Addiction and Drug Abuse Prevention in School" in 1990 with the aim of persuading youngsters to shun drugs, restrict or avoid consumption of alcohol and cigarettes and use medication only for medical purposes. To this end, lessons are designed to stimulate self-awareness and self-knowledge as well as point the way toward conflict solution.

Similar aims and strategies are adopted in youth welfare schemes aimed at socially endangered adolescents. There are numerous activities, from attending supervised summer camps to constructing skateboard runways. With social workers and pedagogues always on hand, this is another means of encouraging young people to seek constructive solutions to their problems rather than seek refuge in illicit drug-taking.

This year, the Federal Government has allocated 22 million DM to help fund model projects and information campaigns against drug addiction. But the government's special commissioner for drugs, Eduard Lintner, admits this is not enough, even if prevention is the responsibility of everyone, not just politicians.

Secondary prevention - withdrawal, therapy, substitution or simply learning to live with drugs

The accepted principle in dealing with drug addicts in Germany is summed up in the term "Help Before Punishment". The Narcotics Act, for example, explicitly condones the issue of free throwaway hypodermic needles to "fixers" to protect them from possible HIV infection (AIDS). It also permits heroin addicts to be treated with the substitute drug methadone. In minor drugs offences, prosecutors can terminate proceedings without having to be sanctioned by judges. A so-called "hashish trial" at the Federal Constitutional Court in 1994 ruled that the possession of about 150 grammes of the substance was a minor offence. While ruling out any "right to intoxication", judges are committed to quashing proceedings if it can be shown that accused persons have been caught with only a small quantity of "soft" drugs intended only for their personal use. Nevertheless, the Constitutional Court judges stressed that they considered possession by youngsters of hashish or marijuana to be a matter of some concern because of their potential for inhibiting natural development.

The Federal Government maintains a strict code of conduct in dealing with "pushers" and consumers of drugs, but some state governments have adopted a policy more tolerant of drug addiction. In 1992, Frankfurt/Main became the first German city to set up "fixers' rooms" where addicts can inject themselves with heroin under ideal hygienic conditions and expert medical supervision. After these six facilities had been established, the number of deaths among drug addicts dropped from 147 in 1991 to 47 in 1995. At the same time, the spread of the immune deficiency disease AIDS virtually stopped and the rate of drugs-related crime dropped to under 10 percent of the total by the end of 1994. Addicts have access to a close-knit

network of welfare and advice as well as to official programmes offering the substitute drug methadone.

Methadone (levomethadone or methadone-hydrochloride) is a substitute for heroin. It prevents the dreaded physical withdrawal symptoms, as it occupies the same receptors in the brain as heroin does. At the same time, it precludes the corresponding state of euphoria, enabling methadone users to earn a living. Some 13,500 heroin addicts attended methadone programmes in Germany in 1995 and many of them reported physical and mental improvements - and the drugs-related crime rate decreased.

Methadone must be taken daily under a doctor's supervision. If sanctioned by a special commission, this therapy is paid for by the recognised medical insurance companies. But critics say methadone does not eradicate addiction. Some methadone users also take illegal drugs.

Other substitutes include codeine and dihydrocodeine, officially prescribed as a cough mixture to some 30,000 addicts in Germany in 1995. An amendment to law recognising codeine and DHC as substitutes with the same status as methadone is in the planning stage.

New anti-addiction substances such as naltrexone and acamprosate are currently being tested in Germany. These, too, occupy brain receptors and destroy the appetite for heroin and alcohol, so that they no longer have any effect, allowing physical dependence to be defeated. However, psychological problems often remain. Many of those taking the substitute say they have lost the ability to enjoy life. But others report that the substitute medication helps them through critical phases during which they may otherwise have suffered relapse.

Naltrexone is also used as a back-up in so-called "turbo" withdrawal, a 24-hour rapid detoxication programme in which patients are kept in an artificial state of sleep. This procedure was made available in 1995/96 in Israel, Italy and Austria and tested in two German clinics. Studies conducted in Germany as early as 1990 reached the conclusion that rapid withdrawal helps only patients with a short history of heroin addiction. Lasting abstinence after this treatment was no more frequent than after conventional detoxication.

A suggestion put forward by the Bundesrat (Upper House) in 1993/94 that the authorities should be empowered for a trial period to issue heroin to the most seriously addicted was turned down by the Federal Government, which said it was to be feared that drug abuse would increase if heroin were made available on prescription. In an interview, the government's drugs adviser pointed to the relatively unrestricted practice of prescribing heroin in Great Britain. He said that, because of the attendant high risks, nearly all doctors had ceased issuing prescriptions in this way; furthermore, addicts were less motivated to break the habit if heroin were available even in a controlled system.

Experts differ vehemently over whether it is basically possible to consume heroin in a controlled manner and still lead a normal life. A research project completed at the University of Münster in 1992 found evidence that, for some people, it is possible. But many psychologists point out that physical dependence is not really the problem - it's the compulsive craving for the mental state of ecstasy induced by heroin. In 1995, the internal affairs committee of the European Parliament issued a recommendation that heroin, too, be issued on prescription. It also suggested that the taking of "soft" drugs be made non-punishable.

The Bonn government's drugs commissioner Eduard Lintner also sees problems here. He is opposed to an initiative taken by the federal state of Schleswig-Holstein permitting hashish to be sold in drugstores in much the same way as it's available in "coffee shops" in the Netherlands. He says hashish can be the first step on the road to "hard" drugs. For the German Federal Government, the aims of secondary prevention are detoxication, habit withdrawal and social reintegration.

Addiction therapy begins with physical withdrawal, usually lasting between four and six weeks and accompanied by symptoms similar to those of heavy influenza. The accompanying cramps and life-threatening circulatory collapses make it necessary for addicts to be admitted to hospital for the duration of the detoxication process. This stage is followed by a six-to-twelve-month period of long-term therapy in a special addiction clinic. Generally, this entails a strict daily routine, confinement indoors, a rigid schedule of meals, sleep, work and relaxation and group and individual psychotherapy. Drug addiction advice centres and therapy facilities are generally funded by the churches, welfare organisations and communal institutions, that is, registered utilities which re-invest profits into their work.

Unfortunately, many patients suffer relapse, in many cases those who agreed to detoxication merely as a means of escaping prison sentences. Medical experts estimate that 90 percent of heroin "junkies" resume the habit after their first detoxication therapy. Other statistics, however, show that one third remain abstinent after completing the course of treatment while another third have the prospect of being able to stabilise in the long term in spite of possible relapses. The remaining one third immediately return to needle, pill or bottle. It is not known how many addicts succeed in breaking the habit without medication or psychological support.

Follow-up schemes are on standby ready to assist in the transition from isolation during therapy to a normal, drug-free life. As an example, the "Phoenix House" project in Bonn - funded by a public utility - accompanies cured addicts step by step toward re-acceptance of responsibility for themselves and, ultimately, complete self-dependence. This facility offers half a year of supervised accommodation, assisting in finding a permanent home and employment, completion of unfinished school qualifications and making new friends and acquaintances. Five full-time staff members (pedagogues, social workers and a doctor) are on hand 24 hours a day to give advice or therapy or intervene in crisis situations. Special emphasis is placed on helping "clean" ex-addicts to recover their creativeness and re-discover interests and skills.

The "Follow-up Social Work Cooperation Model" is aimed at the chronically addicted, whose treatment, rehabilitation and social reintegration pose special problems for the addiction aid system. Public interest has been focused on this group of persons particularly as a result of calls for the issue of heroin under the supervision of doctors. Comparably serious cases result from addiction to alcohol and medication. The care and rehabilitation of persons in this category are to be improved through the introduction of a regional network of special follow-up facilities.

Case managers or "pilots" are deployed in addiction aid centres in the federal states to offer individual help and encouragement to the chronically addicted. At local level, there are coordinators to link and supervise a variety of existing aid schemes, rendering structural help in individual cases. The Federal Health Ministry has earmarked 48.7 million DM to fund these activities in the period 1996 to 2000.

Another five-year programme of research into new strategies for dealing with the drugs problem and funding the national campaign against drug addiction, launched in 1990, has

government aid totalling 34 million DM. Endeavours are being made to organise cooperation with universities and other research institutions in basic medical and psychological research into the causes of addiction.

Illegal drugs in Germany

An opinion poll conducted in Germany in 1993 by the Allensbach Institute found that 60 percent of the 16 to 20 years age group and more than 70 percent of those over that age oppose the use of illegal drugs. Considering this, it is understandable that the Federal Government is not ready to relax the struggle against drug abuse.

Police records show an increase in first-time users. The number of persons taken into custody for the first time for drugs-related offences rose in 1995 by 4.9 percent to 15,230. In the first half of 1996, the number of first-time consumers who ran into trouble with the police was 5,742 -- an increase of 509 on the corresponding months of 1995. During those six months, there were 753 deaths from drug abuse -- 71 more than in the first half of last year.

First-time "hard" drugs consumers since 1993 ¹				
	1993	1994	1995	% difference 1994/95
Heroin	8,377	8,501	6,970	- 18.0
Cocaine	3,234	4,307	4,251	- 1.3
LSD	168	321	772	+ 140.5
Amphetamines	1,180	2,333	3,119	+ 33.7
Amphetamine derivates ²	-/-	-/-	2,371	-/-

¹ Due to multiple consumption, figures diverge from totals given earlier

² e.g. "ecstasy"

Federal Research Minister Jurgen Ruttgers sounded the alarm after seeing the preliminary findings of a study, carried out by the Munich Max Planck Institute, of addiction among adolescents in Germany. It shows that 20 percent have taken drugs at least once. Over recent years, the ages of those experimenting with drugs for the first time have fallen steadily, according to a section headed "Early Stages of Abuse of Substances". Today, it points out, youngsters are starting into drug abuse at the age of 14 or 15 years, whereby an increasing proportion of them are girls.

The drugs scene in Germany is changing. While heroin consumption is declining, "trips" and pill-taking are on the increase - examples are the hallucinatory LSD, the "high"-producing amphetamines ("speed") and chemical derivatives such as "ecstasy". Consumption of this latter drug - which originated in the so-called "techno scene" as a "party drug" - rose by nearly 70 percent in the first half of 1996. Experts say that, like the cocaine and "crack" extracted from the south American coca shrub, synthetically manufactured "party drugs" are regarded by users as symbols of life in the 1990s. They remove inhibitions and imbue users with a feeling of pleasure and a sense of fitness and energy. In contrast, injection with heroin nowadays has a tarnished image, associated with uncleanness, failure and fear of contracting the immune deficiency disease AIDS.

The health risks in "ecstasy" and other "party pills" are usually underestimated. Pills originating mainly in clandestine laboratories in the Netherlands or Poland can cause high fever and fatal circulatory failure. A new British study points to long-term damage to the brain, liver and heart. Use of these drugs is often followed by fits of mental depression.

Consumers of hashish and marijuana - usually among the socially stable sections of the population - represent only a small segment of the drugs market in Germany. These users of "soft" drugs are thought to number between four and seven million.

The total annual turnover of the illicit drugs trade in Germany is estimated at between four-and-a-half and six billion Marks. There are no reliable statistics showing the damage caused to the national economy by the illegal drugs market. However, the cost of procurement and drug-related crime, added to that of treatment, social welfare, prophylactic health schemes, social welfare assistance, prevention and enlightenment and police investigations and prosecution probably runs to two-digit billions.

Prosecution and justice

All drugs containing vegetable, animal or chemically synthesised substances which it is unlawful to possess, manufacture or pass on to others under the provisions of the Anaesthetics Act are listed as illegal in Germany. These include hashish and marijuana, which are extracted from Indian hemp, the opiate heroin, laboratory-produced LSD, products derived from the coca shrub such as cocaine and "crack". Furthermore, the Federal Health Ministry has powers

to include in the Anaesthetics Act immediately and without the sanction of the Bundesrat (upper house of Parliament) all synthetically manufactured so-called "designer" drugs appearing in ever-new variants - such as "ecstasy".

The main objective of the Federal Government's anti-drugs policy is to curb drug abuse through consistent punishment for the manufacture, illicit trading, smuggling and possession of outlawed substances. German law is in harmony with the principles pursued by the United Nations' International Addictive Drugs Control Council in Vienna, which reported a further rise in world-wide drugs-related crime in 1995.

Germany's Law on the Control of Illegal Drugs Trading and Other Manifestations of Organised Crime came into effect on 22nd September 1992. Under this, drug dealers and their accomplices are liable not only to stiff terms of imprisonment, but also to having their assets confiscated. The "laundering" of profits from criminal trading in narcotics - that is, the covert channeling of the money into legal circulation - is also a criminal offence. Among other things, the money-laundering law compels banks and insurance companies to scrutinize clients seeking to deposit or invest large sums of money (20,000 Marks and above) or acting on behalf of others.

Drugs seized in Germany (in kg)

	1993	1994	1995
Heroin	1,095	1,591	933
Cocaine	1,051	767	1,846
Amphetamines	117	120	138
Hashish	4,245	4,033	3,809
Marijuana	7,107	21,660	10,436
LSD ¹	23,424	29,627	71,069
Amph.-der. ²	-/-	239,051	380,858

¹ given in "trips"

² given in consumption units

A large area of present-day drug trading is organised by international gangs. To deal effectively with these international cartels, police and customs authorities work in close cooperation. There are 29 joint investigating teams for drugs-related crime and a joint finance detection group for money-laundering. A joint data bank is being compiled. Many investigators undergo special training in drugs detection work and they are assisted at major border crossing-points and air- and seaports by "sniffer dogs". German police have tracked down 47 illegal drugs laboratories since 1994. While it is true that international cooperation between police and customs

authorities has led to the discovery and seizure of huge quantities of contraband drugs, they admit that drug-smuggling is burgeoning as never before.

International cooperation

Cooperation between nations is of particular urgency in a Europe becoming more closely integrated. For this reason, joint customs and police services are being stepped up at the external borders of the member-states grouped in the Schengen Agreement. At borders within this grouping, the policy is to abolish all checks on EU citizens and so-called "third aliens". Control of drugs-related crime is assisted by the Schengen Information System (SIS), a joint electronic net containing about four million units of data. The Federal German Government reports that, between April and December of 1995, some 10,000 wanted persons were detained. The forerunner to the planned European police network to be known as "Europol" - based at The Hague in the Netherlands since 1994 - has become the European Union's main hub of cross-border data exchanges on organised drugs-related crime.

Germany also plays an active part in the fight against this form of crime in its bilateral relations outside the EU. Forty-six officers of the Federal Office of Criminal Investigation are working from 30 German official missions abroad, advising local authorities and providing modern equipment. Under a four-year programme (1995-98), the Federal Government has allocated 166.3 million Marks worth of equipment and training for police and illegal drug prosecution agencies in other countries. The main focus of this bilateral work - apart from Third World countries - is in central and eastern Europe.

Germany regularly contributes to the United Nations Drugs Control Programme founded in 1991, allocating funds from the budget of the Federal Health Ministry. It is a member of the UN Drugs Control Council, which supervises the implementation of the UN's three drugs conventions. Members of this agency - the so-called "Dublin Group" - exchange information and work out common strategies for combatting illicit drugs trading and abuse. Its membership comprises all the EU countries, the USA, Canada, Norway, Japan, Australia, the EU Commission and UNDCP. Germany is also active in the Financial Action Task Force, an international body founded at the 1989 World Economic Summit to combat money-laundering.

As many Third World farmers have no means of earning a living other than growing hemp, poppies or coca shrubs, Germany is also trying to improve their lot, using a concept known as "Alternative Development". In this way, the Federal Ministry of Overseas Aid allocated around 350 million Marks between 1989 and 1995 to help fund the introduction of modern planting and marketing methods for alternative crops, road-building to provide access to new markets, energy supply and the building, equipping and staffing of schools and hospitals.

Prevention by enlightenment

Another anti-drugs strategy is directed at potential consumers and victims. Dissemination of facts about the health and social consequences of drug abuse is aimed at getting to children and juveniles before the pill, the needle of the "joint" get there first.

In 1990, a campaign with the slogan "No Power for Drugs" was launched under the patronage of Chancellor Helmut Kohl; it's a joint initiative by the Federal Government and the German Football Federation and has since attracted the support of many other sports organisations. Billboard posters and television "spots" feature sports stars such as German national soccer cap Jürgen Klinsmann as examples of how success in sport is a healthy, safe and more satisfying recreation than taking drugs.

What do Germans think about drug abuse?	
91 percent	say it's a "serious problem"
86 percent	demand much tougher penalties for drug dealers
58 percent	are against the legalisation of "soft" drugs
Source: 1996 survey by Allensbach Demoscropy Institute	

A 1994 study shows that the "No Power for Drugs" campaign is well known and supported by most citizens. Enlightenment and prevention are main pillars in the work being done in the drug trading and abuse sector by the Federal Central Office for Health Information, a department with a staff of about 130 attached to the Federal Health Ministry. The centre's work is directed at children and adolescents, parents, teachers and other educators, social workers and doctors. It has built up a wide-ranging stock of media products including feature films and documentaries, brochures for parents and children and school classroom material. The centre also runs poster and publicity campaigns and organises travelling exhibitions on the prevention of addiction. Individuals with drug problems can get help via a country-wide drug advice telephone net.

Do you wish to know more?

Addresses:

Federal Interior Ministry
Bundesministerium des Inneren
Postfach 17 02 90
D-53108 Bonn
Fax: +49 228/681 46 + 681 65

Federal Health Ministry
Bundesministerium für Gesundheit
Postfach 17 02 08
D-53121 Bonn
Fax: +49 228/9 41 41 00

Federal Education Ministry
Bundesministerium für Bildung,
Wissenschaft, Forschung und
Technologie
D-53170 Bonn
Fax: +49 228/57 36 01

Federal Overseas Aid Ministry
Bundesministerium für Wirtschaftliche
Zusammenarbeit und Entwicklung
Postfach 12 03 22
D-53045 Bonn
Fax: +49 228/5 35 35 00

Federal Office of Health Enlightenment
Bundeszentrale für Gesundheitliche
Aufklärung
Postfach 91 01 52
D-51071 Köln (Cologne)
Fax: +49 221/89 92 300

**German Central Office for Combatting
Addiction**
Deutsche Hauptstelle gegen die
Suchtgefahren e.V.
Postfach 1369
D-59003 Hamm
Fax: +49 23 81/1 53 31

**Federal Association of Parents
of Drug-prone or Drug-addicted
Juveniles**
Bundesverband der Elternkreise
drogengefährdeter und Drogen-
abhängiger Jugendlicher e.V.
Köthener Str. 38
D-10963 Berlin
Fax: +49 030/2 62 84 57

**NRW Land Association for
Prevention of Addiction**
Landesarbeitsgemeinschaft
Suchtvorbeugung NRW
Kaiserstrasse 90
D-45468 Mülheim/Ruhr
Fax: +49 208/3 27 41

Phönix-Haus
Breite Str. 34
D-53111 Bonn
Fax: +49 228/69 69 54